

**NASA Langley Research Center
Fitness Center Medical Clearance Form**

Your patient _____ requires a medical clearance to exercise at the NASA Langley Research Center fitness center. He/She gives a history of the following conditions:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Heart attack or other heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	Irregular heart beats or skipped beats?
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure?
<input type="checkbox"/>	<input type="checkbox"/>	Other blood vessel diseases?
<input type="checkbox"/>	<input type="checkbox"/>	Currently taking prescribed medications? <i>If yes, list</i> _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or thyroid problems?
<input type="checkbox"/>	<input type="checkbox"/>	Kidney, liver or lung disease?
<input type="checkbox"/>	<input type="checkbox"/>	Anemia (low blood or other conditions)
<input type="checkbox"/>	<input type="checkbox"/>	Muscular problems, skeletal problems, joint injuries, or arthritic conditions which would prevent activity?

Indicate below whether there are any medical reasons why participation in the fitness center would not be advisable for your patient. Please return this form to us at your earliest convenience.

Check one of the following:

- ☐ This patient is permitted to begin an exercise program without restriction.
- ☐ This patient is permitted to begin an exercise program with the following restrictions:

- ☐ This patient should not be allowed to start an exercise program until further notice.

Physician's Signature _____ Patient's Signature _____

Physician's Name (Print) _____ Date _____

Address of Physician _____

Phone Number of Physician _____
